IPDR6702 RUN DATE:	07/27/2008		IPRS	NORTH CAROLINA CHECKWRITE SUMMARY REPORT		PAG	E: 1	
				MECKWRITE DATE: 07/30/2008				
				FINANCIAL PAYER: NCDMH				
							TOTAL	TOTAL
PROVIDER			NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	CMOKA MOLINESTAM	21	1633	DUPLICATE OF CLAIM-SYSTEM				-
	SMOKY MOUNTAINM H/DD/SAS							
		8963	891	ATTENDING PROVIDER NPI IS NOT				
		8903	331	NUMERIC. PLEASE RESUBMIT	34	4370	6834	2464
				WITH CORRECT NPI NUMBER.				
		8599	769	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				-
				BENEFIT PACKAGE.				
3404904	WESTERN HIGHLAN	8326	833	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON				
	DS LME			THIS CLAIM OR THE NPI SUBMITTE				
		8800	388	FURTHER PROCESSING NECESSARY,	0	1542	13515	11973
				PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				-
				TOTAL IN U.				
		8534	228	SERVICE FACILITY LOCATION IS N				
		1	_	OT A VALID IPRS				\vdash
		+		ATTENDING PROVIDER, OR THE NPI				
3404910	PATHWAYS	8326	515	ATTENDING PROVIDER NUMBER WAS				
				NOT SUBMITTED ON				
	1	1		THIS CLAIM OR THE NPI SUBMITTE				<u> </u>
	1	8534	148	SERVICE FACILITY LOCATION IS N	14	889	4665	3776
				OT A VALID IPRS		303	1003	3770
				ATTENDING PROVIDER, OR THE NPI				
		8599	79	DETAIL NOT COVERED BY COMBINAT				—
			-	ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
2404012		11 2	23	GLITHWE WORLDVIGTOVE ON CERTIFIED				
3404912	MENTAL HEALTH P	11 ,	23	CLIENT NOT ELIGIBLE ON SERVICE DATE				
	PACE AND ADDRESS OF THE PACE A							
		191	15	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	0	52	1387	1335
				1 1711111 171111				
		8599	5	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				-
3404913	MECKLENBURG COM	8800	429	FURTHER PROCESSING NECESSARY,				
	ENTAL HEALT			PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				-
				TOTAL IN U.				-
		79	97	THIS SERVICE IS NOT PAYABLE TO	0	915	4489	3574
				YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
				FROVIDER TIPE AND SPECIALITY IN				
	1	8599	88	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404916	CROSSROADS BEHA	8959	3	REFERRING PROVIDER NPI IS MISS				
	VIORAL HEAL			ING. LEGACY REFERRING				
				PROVIDER IS TYPICAL. PLEASE R				<u> </u>
	+	0	0		0	1	2	_
					U	3	3	U
3404917	CENTERPOINT HUM	11 1	144	CLIENT NOT ELIGIBLE ON SERVICE DATE				
	AN SERVICES	+						
	1	+						
		143	52	CLIENT ID NUMBER NOT ON STATE	0	300	2576	2276
	1			ELIGIBILITY FILE				
		+						
		8800	34	FURTHER PROCESSING NECESSARY,				
	1	1		PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				—
				FULURE SA'S.				
3404919	GUILFORD CO MEN	79	300	THIS SERVICE IS NOT PAYABLE TO				
	TAL HEALTHC			YOUR SUBMITTED BILLING				
	1			PROVIDER TYPE AND SPECIALTY IN	·			
		8800 1	121	FURTHER PROCESSING NECESSARY,	0	607	2415	2720
			•	PLEASE CHECK FOR CLAIM ON	0	687	3415	2728
				FUTURE RA'S.				
	1	21	105	DUDI LOATE OF CLAIM SYSTEM	·			
	+	21	105	DUPLICATE OF CLAIM-SYSTEM				
		+						

ROVIDER	1	HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
UMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
404920	ALAMANCE CASWEL	8326	404	ATTENDING PROVIDER NUMBER WAS				
	L AREA MH D			NOT SUBMITTED ON				
		+	1	THIS CLAIM OR THE NPI SUBMITTE				
		11	38	CLIENT NOT ELIGIBLE ON SERVICE			0500	0004
			30	DATE	0	576	2580	2004
		8599	27	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
404921		8326	5348	ATTENDING PROVIDER NUMBER WAS				
1101921	ORANGE PERSON C	0320	3310	NOT SUBMITTED ON				
	HATHAM AREA			THIS CLAIM OR THE NPI SUBMITTE				
		8599	179	DETAIL NOT COVERED BY COMBINAT	0	6019	12552	6533
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		0	142	ZERO EOB APPLIED				
404922	THE DIDIYAN ORD	8326	2708	ATTENDING PROVIDER NUMBER WAS				
	THE DURHAM CENT		1	NOT SUBMITTED ON				
	ana.	+	1	THIS CLAIM OR THE NPI SUBMITTE				
		1						
		8800	1110	FURTHER PROCESSING NECESSARY,	0	4156	14508	10352
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		1	L					
		8599	137	DETAIL NOT COVERED BY COMBINAT				
		4	1	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				BENEFII PACKAGE.				
404923		8326	2	ATTENDING PROVIDER NUMBER WAS				
	FIVE COUNTY MH			NOT SUBMITTED ON				
				THIS CLAIM OR THE NPI SUBMITTE				
		0	0		0	2	2	0
404925	SANDHILLS CENTE	8800	187	FURTHER PROCESSING NECESSARY,				
	R FOR MH/DD			PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8599	89	DETAIL NOT COVERED BY COMBINAT	2	413	3779	3366
				ION OF RECIPIENT, PROVIDER AND		413	3779	3300
				BENEFIT PACKAGE.				
		21	44	DUPLICATE OF CLAIM-SYSTEM				
101006		0.4						
404926	SOUTHEASTERN RE	21	1202	DUPLICATE OF CLAIM-SYSTEM				
	G MENTAL HL							
	1	+	1		1			
		8505	1037	CLAIM DENIED DUE TO INSUFFICIE	2	4763	10724	5961
		1		NT BUDGET	2	2/03	10/24	3301
		79	331	THIS SERVICE IS NOT PAYABLE TO				
		4	1	YOUR SUBMITTED BILLING				
		+	1	PROVIDER TYPE AND SPECIALTY IN				
404927	GENERAL SAID CO	8599	136	DETAIL NOT COVERED BY COMBINAT				
	CUMBERLAND CO M		1	ION OF RECIPIENT, PROVIDER AND	1			
	***	+	1	BENEFIT PACKAGE.				
		1						
		11	112	CLIENT NOT ELIGIBLE ON SERVICE	0	393	2561	2168
				DATE				
			1					
		0524	35	CODDUCTOR TRANSPORT TO THE CONTRACT OF THE CON				
	1	8534	35	SERVICE FACILITY LOCATION IS N OT A VALID IPRS				
		+	1	OT A VALID IPRS ATTENDING PROVIDER, OR THE NPI				\vdash
		+	1	PATENDANG PROVIDER, OR THE NPI				
404930	TOUNSTON COUNTY	3102	481	THE TAXONOMY CODE FOR THE BILL				\vdash
	JOHNSTON COUNTY MNTL HLTHC	+	1	ING PROVIDER				
		+	1	IS MISSING				
			1					
		8326	129	ATTENDING PROVIDER NUMBER WAS	3	843	3862	3019
				NOT SUBMITTED ON				
				THIS CLAIM OR THE NPI SUBMITTE				
	1							
				DETAIL NOT COVERED BY COMBINAT			1	1 7
		8599	112					
		8599	112	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

				T			TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404931	WAKE CO HUM SVC	8536	161	ATTENDING PROVIDER TYPE AND SP				
	BILLING OF			ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
				VALUE FOR SUBMITTED BIBLING PR				
		79	92	THIS SERVICE IS NOT PAYABLE TO	15	487	5479	4992
				YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
		8326	77	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON				
				THIS CLAIM OR THE NPI SUBMITTE				
				THE CHAIN OR THE MET DODNETTE				
3404933	SOUTHEASTERN CT	21	80	DUPLICATE OF CLAIM-SYSTEM				
	R FOR MH/DD							
		8326	69	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON	0	250	1241	991
				THIS CLAIM OR THE NPI SUBMITTE				
		8536	49	ATTENDING PROVIDER TYPE AND SP				
				ECIALTY COMBINATION IS NOT				
				VALID FOR SUBMITTED BILLING PR				
3404934	ONSLOW CARTERET	8326	275	ATTENDING PROVIDER NUMBER WAS				
	BEHAV HEAL		I	NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
		-	 	THIS CLAIM OR THE NET SUBMITTE				-
		8537	118	PROCEDURE IS NOT PAYABLE FOR Y	^	600	1915	1315
				OUR PROVIDER TYPE AND	0	600	1915	1315
				SPECIALTY IN ACCORDANCE TO MEN				
		<u> </u>						
		8599	77	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404935		0	0	*** NO DATA TO REPORT ***				
3404935	WAYNE CO MENTAL	U	U	NO DATA TO REPORT				
	HEALTH CTR							
								-
		0	0		0	0	0	0
3404937	THE BEACON CENT	8326	7	ATTENDING PROVIDER NUMBER WAS				
	ER			NOT SUBMITTED ON				
				THIS CLAIM OR THE NPI SUBMITTE				
		8000	1	NO RATE AVAILABLE ON FILE TO P		4.0	000	000
		8000	1	RICE THIS CLAIM DETAIL	0	13	239	226
								-
		8800	1	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
0.404000		222	4.00					
3404939	EAST CAROLINA B	8800	107	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON				-
	EHAVIORAL H			FUTURE RA'S.				
		7001	90	EXCEEDS THE ONE PER DAY LIMITA	1	357	3332	2975
				TION				
		0500	40	DOWN LL WOT COMPAND DV CO				
		8599	49	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
		1	 	BENEFIT PACKAGE.				
			1					
3404942	EAST CAROLINA B	0	0	*** NO DATA TO REPORT ***				
	EHAVIORAL H							
						_	_	
		0	0					
		0			0	0	0	0
		1	 					
3404943	ALBEMARLE MENTA	3411	82	PROVIDER TYPE AND SPECIALTY 07				
	L HEALTH CE			4/113 CANNOT BILL ENHANCED				t
			1	BENEFIT SERVICES ON OR AFTER D				
		8326	47	ATTENDING PROVIDER NUMBER WAS	5	208	762	554
				NOT SUBMITTED ON				
				THIS CLAIM OR THE NPI SUBMITTE				
		8599	18	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				-
			1	BENEFIT PACKAGE.				
			1					
3404944	EASTPOINTE HUMA	79	57	THIS SERVICE IS NOT PAYABLE TO				
	N SERVICES			YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN		_	_	
		2050	2.0					
		8952	30	CLAIM DENIED DUE TO AGE RESTRI	0	126	2007	1881
		-	 	CTIONS FOR TARGET POPULATION				-
		-	1					
		8621	15	60 RESIDENTIAL LEVEL III TREAT				
		+	1	MENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				
					-			

							TOTAL	TOTAL
PROVIDER	-	HIGH DENIAL	NUMBER OF					
		-			TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404946	FOOTHILLS AREAM	0	0	*** NO DATA TO REPORT ***				
	ENTAL HEALT							
		0	0		0	0	0	0
3404949	PIEDMONT BEHAVI	23	9	SERVICE REQUIRES PRIOR APPROVA				
	ORAL HEALTH			L				
		0	0		0	9	9	0